Detail Reference Guide to
Determining CMS Medicare + 35%
for Offices of the Insurance Commissioner (OIC)
Workers' Compensation Maximum Medical Reimbursement Fee Schedules
Effective: July 1, 2012
Subsequent schedules should be updated each July 1 until further notice.

Codes listed with "0" or not listed are carrier/payor priced.
The absence or presence of a code does not indicate workers' compensation coverage.

AMBULATORY SURGICAL CENTER

Calculate the OIC Maximum Medical Reimbursement with the following formula(s):
(Formula component 1.35 below represents Medicare + 35%)

Medicare *Payment Amount** fee, rounded x 1.35 = OIC Maximum Medical Reimbursement, rounded

IMPORTANT NOTES:
1.   The following table is available from Medicare http://www.cms.gov/home/medicare.asp:
        Ambulatory Surgical Center (ASC) Payment.

2.   Within the Medicare website go to the link labeled *Ambulatory Surgical Center (ASC) Payment,*
        then go **to** the link labeled *Addenda Updates.* From there download the July 1 update prior to
        date of service. Use the appropriate estimated Medicare Payment Rate Table for date of service.
        For date of service between July 1 and June 30, the reimbursement effective on the July 1
        immediately prior to date of service would apply. For example, for a January 10, 2013 date of
        service, the Medicare reimbursement information effective on July 1, 2012 would apply. In this
        example the 2012 zip file is titled: July 2012 ASC Approved HCPCS Code and Payment Rates;
        and the Microsoft Excel Worksheet is titled: July 2012 ASC web addenda_06.29.2012. View
        tabs at bottom of spreadsheet – either surgical (July 2012 ASC AA) or ancillary (July 2012 ASC
        BB).

3.   Calculate the fee by taking the Medicare fee from the column labeled *(Appropriate date) Payment*
        on appropriate tab (surgical or ancillary*),* round and multiply by 1.35 to get the OIC maximum
        allowable fee, rounded.